

MDR Tracking Number: M4-03-5895-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-24-03.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 99212, 97530, 97110, J3490, J2550 and 90782.

II. FINDINGS

The insurance carrier submitted a response to the dispute and indicated that claimant had sustained two injuries, the first on ____ and the second on _____. The carrier indicated that Dr. P conducted a peer review on 1-14-02, and found that there was no lasting injury or permanent impairment from the ____ injury. Dr. P concluded that claimant did not need additional medical care, supervised physical therapy, diagnostic testing or surgical intervention. A review of the submitted EOBs indicated that 99212 was denied based upon expired treatment guidelines and global fee concept. The respondent did not respond to the requestor's request for reconsideration for any of the other dates in question. There is no indication that denial of payment was based upon this peer review.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-23-02	99212	\$49.00	\$0.00	T, G	\$32.00	HB2600 CPT Code Descriptor Medicine GR (I)(A)	Office visit is not global to physical therapy services when performed by physician. HB2600 abolished treatment guidelines; therefore, EOB denial of "T" was utilized inappropriately. MAR reimbursement of \$32.00 is

							recommended.
6-21-02 7-22-02	99212	\$49.00	\$0.00	No EOB	\$32.00	CPT Code Descriptor	MAR reimbursement of \$32.00 X 2 = \$64.00 is recommended
6-15-02 6-22-02	97530	\$63.00	\$0.00		\$35.00	CPT Code Descriptor	MAR reimbursement of \$35.00 X 2 = \$70.00 is recommended
6-15-02 6-22-02	97110	\$50.00	\$0.00		\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	See Rationale below.
7-22-02	90782	\$32.00	\$0.00		\$13.00	CPT Code Descriptor	MAR reimbursement of \$13.00 is recommended.
7-22-02	J3490	\$32.00	\$0.00		DOP	DME GR (IX)	Unclassified Drugs - The insurance carrier did not dispute amount billed was not f&r; therefore, reimbursement of \$32.00 is recommended.
7-22-02	J2550	\$32.00	\$0.00		DOP	DME GR (IX)	Injection Promethazine HCL - The insurance carrier did not dispute amount billed was not f&r; therefore, reimbursement of \$32.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$243.00.

Rationale for 97110:

Recent review of disputes involving one-on-one CPT code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes, 99212, 97530, J3490, J2550 and 90782 in the amount of **\$ 243.00.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$243.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division